

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/789,292-Conf. #7617
		Filing Date	February 27, 2004
		First Named Inventor	James A. Brenton
		Art Unit	2191
		Examiner Name	C. P. Kane
Total Number of Pages in This Submission	19	Attorney Docket Number	024777.0139PTUS

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Request For Continued Examination Credit Card Payment Form Certificate Of Mailing Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PATTON BOGGS LLP		
Signature			
Printed name	Gary B. Solomon		
Date	November 21, 2007	Reg. No.	44,347



NOV 26 2007

PTO/SB/92 (10-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/789,292

Attorney Docket No.: 024777.0139PTUS

## Certificate of Mailing under 37 CFR 1.8

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Transmittal (1 page)  
Amendment After Final Action Under 37 C.F.R. 1.116 (14 pages)  
Request For Continued Examination (1 page)  
Fee Transmittal Form (1 page)  
Credit Card Payment Form (1 page)  
Certificate of Mailing (1 page)  
Return Receipt Postcard



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032  
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**Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## FEE TRANSMITTAL For FY 2008

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	810.00

<b>Complete if Known</b>	
Application Number	10/789,292-Conf. #7617
Filing Date	February 27, 2004
First Named Inventor	James A. Brenton
Examiner Name	C. P. Kane
Art Unit	2191
Attorney Docket No.	024777.0139PTUS

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/>	Check	<input checked="" type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input type="checkbox"/>	Deposit Account	<input type="checkbox"/>	Deposit Account Number:	50-2816			<input type="checkbox"/>	Deposit Account Name:	Patton Boggs LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 210 105

Multiple dependent claims 370 185

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
- 20 =	x	=		<b>Fee (\$)</b>	

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 =	x	=	

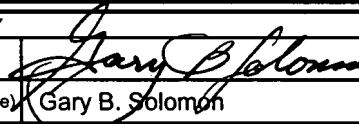
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/50 =	(round up to a whole number) x	=	

<b>4. OTHER FEE(S)</b>		<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...)		810.00

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Gary B. Solomon
Registration No. (Attorney/Agent)	44,347
Telephone	(214) 758-1500
Date	November 21, 2007